

DMV IRP 003

SCHEDULE C

SUPPLEMENTAL APPLICATION

1

ACCOUNT NUMBER

FLEET NUMBER

SUPPLEMENTAL NUMBER

LICENSE YEAR

CLUB/LICENSE SERVICE USE ONLY

CLUB/LICENSE SERVICE NAME

MAILING ADDRESS: WEST VIRGINIA DIVISION OF MOTOR VEHICLES
MOTOR CARRIERS SERVICES
5707 MacCORKLE AVE SE PO BOX 17900
CHARLESTON, WV 25317

PHONE: (304)926-3905
(304)926-0799
FAX: (304)926-0797

NAME OF REGISTRANT

AGENT

TELEPHONE

DOING BUSINESS AS

MAILING ADDRESS

PHYSICAL LOCATION
No Rural Routes or P.O. Box

CITY

STATE

ZIP CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

COUNTY

CITY

STATE

ZIP CODE

COUNTY

CARRIER CONTACT INFORMATION
(NOT FOR CLUB/LICENSE SERVICE USE)

REGISTRANT
TELEPHONE NUMBER: () - EXT:

NAME OF CONTACT

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

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CODE KEY

*TYPE OF OPERATION

EX - EXEMPT
HH - HAUL FOR HIRE
PC - PRIVATE CARRIER

*TYPE OF VEHICLE

TT - TRUCK TRACTOR
TR - TRACTOR
TK - TRUCK
RT - ROAD TRACTOR
DT - DUMP TRUCK
ST - SEMI TRAILER
FT - FULL TRAILER
CG - CONVERTER GEAR
DB - DOUBLE BOTTOM
BS - BUS

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FLEET RECORD INFORMATION:
TYPE OF OPERATION: (SEE KEY CODE)

PRIMARY PURPOSE OF FLEET:

DATE FIRST OPERATED AS A FLEET
MO. DAY YEAR

NUMBER OF REGISTRATION MONTHS

** FUEL TYPE
D-DIESEL, P-PROPANE, G-GASOLINE, O-OTHER

4

DELETIONS

1 ORIGINAL SUPPLEMENT

2 GROUP NUMBER

3 EQUIPMENT NUMBER

4 YEAR

5 MAKE

6 VEHICLE IDENTIFICATION NUMBER
LIST COMPLETE VIN NUMBER

7 APPORTIONED PLATE NUMBER

5

TRANSACTION CODES

FLEET TO FLEET (CREDIT NEW-OLD)

DELETE VEHICLE(S)

ADD VEHICLE(S)

REGISTRATION FEE TRANSFER

CORRECTION

(INDICATE WHAT IS TO BE CORRECTED)

INCREASE WEIGHT

TO ALL UNITS IN GROUP

CREATE NEW GROUP FOR SELECTED UNITS

ADD JURISDICTION

(WILL BE ADDED TO ALL UNITS IN THIS FLEET)

TOTAL UNITS DELETED

TOTAL UNITS ADDED

6

UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AT THE WEIGHTS LISTED BELOW. EXCEPTIONS ON ANY JURISDICTIONS/WEIGHTS MUST BE GROUPED ON SEPARATE PAGES.

GROUP NUMBER

ALBERTA
AB

ALASKA
AK

ALABAMA
AL

ARKANSAS
AR

ARIZONA
AZ

BRITISH COLUMBIA
BC

CALIFORNIA
CA

COLORADO
CO

CONNECTICUT
CT

DIST. OF COL.
DC

DELAWARE
DE

FLORIDA
FL

GEORGIA
GA

HAWAII
HI

IOWA
IA

IDAHO
ID

ILLINOIS
IL

INDIANA
IN

KANSAS
KS

KENTUCKY
KY

LOUISIANA
LA

MASSACHUSETTS
MA

MANITOBA
MB

MARYLAND
MD

MAINE
ME

MICHIGAN
MI

MINNESOTA
MN

MISSOURI
MO

MISSISSIPPI
MS

MONTANA
MT

MEXICO
MX

NEW BRUNSWICK
NB

NORTH CAROLINA
NC

NORTH DAKOTA
ND

NEBRASKA
NE

NEWFOUNDLAND
NF

NEW HAMPSHIRE
NH

NEW JERSEY
NJ

NEW MEXICO
NM

NOVA SCOTIA
NS

NUNAVUT
NU

NEVADA
NV

NEW YORK
NY

OHIO
OH

OKLAHOMA
OK

ONTARIO
ON

OREGON
OR

PENNSYLVANIA
PA

P.E. ISLAND
PE

QUEBEC
QC

RHODE ISLAND
RI

SOUTH CAROLINA
SC

SOUTH DAKOTA
SD

SASKATCHEWAN
SK

TENNESSEE
TN

TEXAS
TX

UTAH
UT

VIRGINIA
VA

VERMONT
VT

WASHINGTON
WA

WISCONSIN
WI

WEST VIRGINIA
WV

WYOMING
WY

YUKON
YT

7

1 EQUIP. NO.

2 VEHICLE IDENTIFICATION NUMBER

3 YEAR

4 MAKE

5 **VEH. TYPE

6 AXLES SEATS

7 ***FUEL TYPE

8 EMPTY WGHT.

9 GROSS WEIGHT

10 PURCHASE PRICE

11 FACTORY PRICE

12 TITLE DATE MO/DAY/YR

13 LEASE DATE MO/DAY/YR

14 PLATE NUMBER

FIRST UNIT

15 OWNER

16 OWN/LEASE

17 LEASE TAX PAYER ID NUMBER

18 DOT NUMBER

19 TITLE NUMBER

20 WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR?

21 Date VEH first added to fleet mo/day/yr

SECOND UNIT

15 OWNER

16 OWN/LEASE

17 LEASE TAX PAYER ID NUMBER

18 DOT NUMBER

19 TITLE NUMBER

20 WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR?

21 Date VEH first added to fleet mo/day/yr

THIRD UNIT

15 OWNER

16 OWN/LEASE

17 LEASE TAX PAYER ID NUMBER

18 DOT NUMBER

19 TITLE NUMBER

20 WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR?

21 Date VEH first added to fleet mo/day/yr

IF LONG TERM LEASING (31 DAYS OR MORE) TO A MOTOR CARRIER PLACE LESSEE TIN # IN COLUMN 17 AND LESSEE US DOT # IN COLUMN 18. ALSO SUBMIT A COPY OF THE LEASE AGREEMENT.

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I HEREBY STATE, UNDER PENALTY OF FALSE SWEARING AND PENALTIES OUTLINED IN CHAPTERS 17A AND 17D THAT THERE IS IN EFFECT A MOTOR VEHICLE LIABILITY POLICY UPON THE DESCRIBED VEHICLES IN ACCORDANCE WITH THE PROVISIONS OF THE WEST VIRGINIA MOTOR VEHICLE CODE. I HEREBY CLAIM THAT I AM KNOWLEDGEABLE OF THE MOTOR CARRIER SAFETY REGULATIONS AND HAZARDOUS MATERIAL REGULATIONS.

AUTHORIZED SIGNATURE TITLE DATE INSURANCE COMPANY NAME

INSURANCE POLICY STARTING DATE ENDING DATE INSURANCE AGENT POLICY NUMBER